

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2005 FEB -2 P 12: 21
Office use only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the line

12FE4M5

PREMERA BLUE CROSS POLITICAL ACTION COMMITTEE / PREMERA PAC

ADDRESS (number and street)

7001 220TH STREET, SW

(Check if address
is changed)

MS359

MOUNTLAKE TERRACE

WA

98043

2126

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

whobertling@comarica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

248-371-7272

2. DATE

01 / 28 / 2005

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ROBIN WOOD

Signature of Treasurer

Date

01 / 28 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5427g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subsidiary) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

PREMERA BLUE CROSS _____

Mailing Address _____
 7001 220TH STREET, SW
 MS355
 MOUNTLAKE TERRACE WA 98043 2124
 CITY STATE ZIP CODE

Relationship CONNECTED _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

PREMERA BLUE CROSS POLITICAL ACTION COMMITTEE / PREMERA PAC

7. Custodian of Records: Identify by name, address, (phone number - optional), and position of the person in possession of Committee books and records.

Full Name **JAMES HOFBERLING**

Mailing Address **COMERICA BANK, PAC SERVICES**
P.O. BOX 73000
DETROIT MI 48275 - 2350

Title or Position **RECORDKEEPER** CITY STATE ZIP CODE
RECORDKEEPER **DETROIT MI 48275 - 2350**

Telephone number **313 971 5582**

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **ROBIN WOOD**

Mailing Address **7001 220TH STREET, NW**
MS355
MOUNTLAKE TERRACE WA 98043 - 2124

Title or Position **TREASURER** CITY STATE ZIP CODE
TREASURER **MOUNTLAKE TERRACE WA 98043 - 2124**

Telephone number **206 425 918 6129**

Full Name of Designated Agent **JACK MCRAE**

Mailing Address **7001 220TH STREET, SW**
MS355
MOUNTLAKE TERRACE WA 98043 - 2124

Title or Position **ASST. TREASURER** CITY STATE ZIP CODE
ASST. TREASURER **MOUNTLAKE TERRACE WA 98043 - 2124**

Telephone number _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.
Name of Bank, Depository, etc.

	COMERCE BANK		
Mailing Address	PAC SERVICES		
	P.O. BOX 75000		
	DETROIT	MI	48275 - 2250
	CITY Δ	STATE Δ	ZIP CODE Δ

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address

1310 G STREET, NW

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED PAC

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name | _____

Mailing Address: _____

Title or Position **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number: _____

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
	Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>DHL</i>	Shipping Date <i>2-1-05</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JE</i> PREPARER	<i>2-2-05</i> DATE PREPARED